

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J27054

1. Entity Name

GEMINI MOTORCARS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90079 048 ***150.00

Principal Place of Business

Mailing Address

2316 DIVERSIFIED WAY
 ORLANDO FL 32804-4707
 US

2316 DIVERSIFIED WAY
 ORLANDO FL 32804-4707
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip

Country

Zip

Country

32809

U.S.

32809

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2700469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, C. RUSSELL, JR.
 927 WALD RD
 ORLANDO FL 32806

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
 NAME EDWARDS, BRUCE T
 STREET ADDRESS 3259 BALSAM DR
 CITY-ST-ZIP WINTER PARK FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ST
 NAME EDWARDS, C. RUSSELL JR.
 STREET ADDRESS 4688 COSTA BRAVO DR.
 CITY-ST-ZIP ORLANDO FL 32839

TITLE ST
 NAME EDWARDS, C. RUSSELL JR.
 STREET ADDRESS 927 WALD RD.
 CITY-ST-ZIP ORLANDO, FL 32806

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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)